



Tennessee Department of Children's Services
INFORMED CONSENT TO NON-ROUTINE MEDICAL CARE/TREATMENT FOR MINORS

Parent/Guardian's Consent:

I, _____ give permission for my child to be treated for the non-routine
Signature of Parent or Guardian
medical treatment/emergency services as specified below.

Witness *Date*

If Parent/Guardian is Unavailable:

I, _____, hereby consent to the necessary medical care and/or treatment of
Commissioner's Designee: Signature and Title
_____ while he/she is in the custody of the Department of Children's Services.
Name of Minor Child/Youth

I also certify that the following medical care/treatment has been explained to the minor child and parent(s)/guardians.

Witness *Date*

Physician's Signature For Non-routine/Emergency Medical Services:

I, _____ believe that delay in rendering emergency care to
Physician's Name

_____ will, to a reasonable degree of medical certainty, result in a
Name of Minor Child/Youth

serious threat to the life of the minor (named above) or a serious worsening of the minor's medical condition, and such emergency treatment is necessary to save the minor's life or prevent further deterioration of the minor's condition. Such treatment shall be commenced only after a reasonable effort is made to notify the minor's parents or guardian, if known or readily ascertainable. *TCA 63-6-222(a) (b).*

Physician's Signature *Date*

Witness *Date*